

MCBS MAIN STUDY - ROUND 31 – FALL 2001

COMMUNITY COMPONENT

HA. HOUSING CHARACTERISTICS

BOX HA1	IF SP IS DECEASED OR INSTITUTIONALIZED, GO TO BOX HIS1A .
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HAINTRO. I would like to ask a few questions about (your/SP's) housing situation or living arrangements.
[PRESS ENTER TO CONTINUE]

HA1. INTERVIEWER: IF TYPE OF HOUSING IS OBVIOUS, CODE WITHOUT ASKING. IF HOUSING TYPE IS NOT OBVIOUS, ASK: Which of these best describes (your/ SP's) home?

SHOW CARD HA1	DWELLING	ONE-FAMILY, DETACHED	1 (HA2)
		TWO-FAMILY OR DUPLEX	2 (HA2)
		APARTMENT OR CONDOMINIUM	
		BUILDING	3 (HA2)
		MOBILE HOME, TRAILER	4 (HAINTRO2)
	DWELLOS	ROWHOUSE, TOWNHOUSE	5 (HA2)
		"MOTHER-IN-LAW" APARTMENT	6 (HA2)
		SOMETHING ELSE (SPECIFY)	91 (HA2)
		DON'T KNOW	-8 (HA2)

HA2. How many levels are in (your/SP's) (house/apartment or condominium building/place of residence)?

HLEVELS	ONE	1 (HAINTRO2)
	TWO	2 (HA3)
	THREE OR MORE	3 (HA3)
	REFUSED	-7 (HA3)
	DON'T KNOW	-8 (HA3)

HA3. Does (your/SP's) (house/apartment or condominium building/place of residence) have an elevator?

HELEVTR	YES	1
	NO	2
	REFUSED	-7
	DON'T KNOW	-8

HA4. Is the living space in (your/SP's) (house/own apartment or condominium/place of residence) all on one level?

HONEVL YES 1 (HAINTRO2)
 NO 2 (HA5)
 REFUSED -7 (HA5)
 DON'T KNOW -8 (HA5)

HA5. Does (your/SP's) (house/own apartment or condominium/place of residence) have either a full bathroom or a half bathroom on all levels?

[PROBE: Bathroom facilities must contain at least a flush toilet OR a bathtub or shower]

HBTHVL YES 1
 NO 2
 REFUSED -7
 DON'T KNOW -8

HAINTRO2. Next, I would like to ask about access or mobility modifications that (you/SP) may have in (your/his/her) (house/apartment or condominium building/mobile home/place of residence).

[PRESS ENTER TO CONTINUE]

HA6. Does (your/SP's) (house/mobile home/apartment or condominium building/place of residence) have ramps at (any of) its entrance(s)?

HRAMPS YES 1
 NO 2
 REFUSED -7
 DON'T KNOW -8

- HA7. Does (your/SP's) (house/own apartment or condominium/mobile home/place of residence) have modifications to any bathroom such as grab bars or a shower seat?

HBATHRM	YES	1
	NO	2
	REFUSED	-7
	DON'T KNOW	-8

- HA8. Other than stair railings, does (your/SP's) (house/own apartment or condominium/mobile home/place of residence) have special railings to help (you/him/her) move around?

HRAILING	YES	1
	NO	2
	REFUSED	-7
	DON'T KNOW	-8

- HA9. Now, please look at this card and tell me if (you live/SP lives) in any of these types of housing.



HOUSTYPE	YES	1 (HA10)
	NO	2 BOX HA3
	REFUSED	-7 BOX HA3
	DON'T KNOW	-8 (HA10)

- HA10. IF NECESSARY, ASK: Which category best describes (your/SP's) type of housing?



HCOMUNTY	RETIREMENT COMMUNITY	1
	SENIOR CITIZENS HOUSING.....	2
	ASSISTED LIVING FACILITY	3
	CONTINUING CARE COMMUNITY	4
	STAGED LIVING COMMUNITY	5
	RETIREMENT APARTMENTS.....	6
HCOMUNOS	OTHER (SPECIFY) _____	91
	REFUSED	-7
	DON'T KNOW	-8

HA11. Does (your/SP's) place of residence give (you/him/her) access to personal care services like any of those listed on this card?

<p>SHOW CARD HA3</p>

HPERCARE

YES 1 (HA12)
 NO 2 **BOX HA3**
 REFUSED -7 **BOX HA3**
 DON'T KNOW -8 (HA12)

HA12. We are interested in personal services that might be available here in addition to housing. [In (this/these) (CATEGORY FROM HA10)/In (your/SP's) place of residence], (do you/does SP) have access to ...

		YES	NO
MEALPROB	a. prepared meals?	1	2
MAIDPROB	b. housekeeping, maid, or cleaning services?.....	1	2
WASHPROB	c. laundry services?	1	2
HELPPROB	d. help with medications?	1	2
TRANPROB	e. transportation?	1	2
RECPROB	f. recreational services, such as exercise facilities, movies, activities programs, library, card rooms, pool tables, etc.?	1	2

<p>BOX HA2</p>	<p>IF ANY "YES" TO HA12a-f, GO TO HA13. OTHERWISE, GO TO HA14.</p>
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HA13. Are these services included as part of the cost of (your/SP's) housing or is there a separate charge for them?

SERVINCL

ALL INCLUDED 1
 SOME INCLUDED/SOME SEPARATE 2
 ALL SEPARATE 3
 REFUSED -7
 DON'T KNOW -8

- PROBE: Could (you/SP) stay where (you live/he lives/she lives) live now if (you/he/she) needed a much greater level of care?

YES	1 (HA16)
NO	2 (HA15)
REFUSED	-7 (HA16)
DON'T KNOW	-8 (HA16)

- | | |
|------------------|----|
| YES | 1 |
| NO | 2 |
| REFUSED | -7 |
| DON'T KNOW | -8 |

- | | |
|------------------|----|
| YES | 1 |
| NO | 2 |
| REFUSED | -7 |
| DON'T KNOW | -8 |

5

- HA17. Now I have a few questions about the rooms in (your/SP's) place of residence.
(Do you/Does SP) have (your/his/her) own bathroom facilities?

[EXPLAIN IF NECESSARY: Own bathroom facilities may be defined as the sink, flush toilet, and bathtub or shower used primarily by (you/SP) and is not used on a regular basis by someone not living in the household.]

PERSBATH	YES	1
	NO	2
	REFUSED	-7
	DON'T KNOW	-8

- HA18. How many rooms are there in (your/SP's) (house/own apartment or condominium/mobile home/place of residence), not counting bathrooms, hallways, or unfinished basements?

NBRROOMS	NUMBER OF ROOMS	_____
	REFUSED	-7
	DON'T KNOW	-8

- HA19. (Do you/Does SP) have (your/his/her) own kitchen?

[EXPLAIN IF NECESSARY: Own kitchen is defined as an area with a sink, non-portable cooking equipment and a refrigerator used primarily by (you/SP) and not on a regular basis by someone not living in the household. Also includes kitchenettes.]

PERKITCH	YES	1
	NO	2
	REFUSED	-7
	DON'T KNOW	-8